

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Lynn Jenkins For Congress			
ADDRESS (number and street) PO Box 1441			
CITY, STATE, and ZIP CODE Topeka KS 66601-1441			
2. NAME OF CANDIDATE Lynn Jenkins	3. OFFICE SOUGHT (State and District) House KS 02	4. FEC IDENTIFICATION NUMBER C00433730	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE 1630 Duke Street Floor 4 Alexandria VA 22314-3426	Name of Employer Transaction ID : 10638000 Occupation	Date (month, day, year) 10/15/2012	Amount 2500
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Air Conditioning Contractors Of America PAC 2800 S Shirlington Road Suite 300 Arlington VA 22206-3607	Name of Employer Transaction ID : 10637000 Occupation	Date (month, day, year) 10/31/2012	Amount 1500
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Fedexpac Federal Express Political Action Committee 942 S Shady Grove Road Memphis TN 38120-4117	Name of Employer Transaction ID : 10606000 Occupation	Date (month, day, year) 10/31/2012	Amount 2000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Garney Holding Company Political Action Committee 1333 NW Vivion Road Kansas City MO 64118-4554	Name of Employer Transaction ID : 10607000 Occupation	Date (month, day, year) 10/31/2012	Amount 1000
E. FULL NAME, MAILING ADDRESS AND ZIP CODE James Klausman 4425 SW Stonybrook Drive Topeka KS 66610-1487	Name of Employer Midwest Health Mgmt Transaction ID : 10625000 Occupation Insurance executive	Date (month, day, year) 11/01/2012	Amount 1250
SIGNATURE (optional) Kurt Bossert <div style="text-align: right;">[Electronically Filed]</div>		DATE 11/03/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Lynn Jenkins For Congress				continuation page																				
ADDRESS (number and street) PO Box 1441																								
CITY, STATE, and ZIP CODE Topeka KS 66601-1441																								
2. NAME OF CANDIDATE Lynn Jenkins		3. OFFICE SOUGHT (State and District) House KS 02		4. FEC IDENTIFICATION NUMBER C00433730																				
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px; vertical-align: top;"> A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Maloney 819 N Linden Court Wichita KS 67206-4005 </td> <td style="width: 20%; padding: 5px; vertical-align: top;"> Name of Employer Universal Lubricants Transaction ID : 10621000 Occupation </td> <td style="width: 15%; padding: 5px; vertical-align: top;"> Date (month, day, year) 11/01/2012 </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> Amount 1000 </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> B. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> C. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> D. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> E. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> </table>					A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Maloney 819 N Linden Court Wichita KS 67206-4005	Name of Employer Universal Lubricants Transaction ID : 10621000 Occupation	Date (month, day, year) 11/01/2012	Amount 1000	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Maloney 819 N Linden Court Wichita KS 67206-4005	Name of Employer Universal Lubricants Transaction ID : 10621000 Occupation	Date (month, day, year) 11/01/2012	Amount 1000																					
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																					